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**Accreditation Report – Brookings Behavioral Health & Wellness****Date of Review: November 3-5, 2020****Overall Score: 88.6%****REVIEW PROCESS:**

Brookings Behavioral Health & Wellness (BBHW) was reviewed by The Department of Social Services, Office of Accreditation and Licensure for adherence to the Administrative Rules of South Dakota (ARSD) on November 3-5, 2020. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

**AGENCY SUMMARY:**

Brookings Behavioral Health & Wellness (BBHW) is a non-profit Substance Use Disorder and Mental Health agency located in Brookings S.D. The agency is seeking to renew accreditation for both outpatient substance use disorder services (SUD) and mental health services (MH).

The current director, MaryBeth Fishback has been with BBHW since 2018. BBHW was formally known at East Central Behavioral Health, the name changed in 2019. BBHW's mission is "To provide comprehensive, integrated behavioral health services that promote well-being and quality of life for all." BBHW works closely with the community and their Board of Directors to ensure the needs of the Brookings community are addressed.

BBHW currently employs eighteen staff with no current vacancies. BBHW is looking to expand in the next three to five years and adding additional services and staff. BBHW staff are obtaining additional licensures to expand and

improve services. In response to the State of Emergency caused by COVID-19, BBHW was able to add telehealth services in within a three-day time frame as well as work with the city to link resources on the city's website.

### **INTERVIEW RESULTS:**

**Description:** The Department of Social Services, Office of Accreditation and Licensure completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review however the information obtained in the interviews is used for quality improvement of the agency.

*Interviews were completed with both agency and clients. No concerns were noted. Both client and staff stated that there have been positive changes since new management took over a year and a half ago. A client stated who has been receiving services for close to 40 years indicated that in the last year and a half there have been a lot of positive changes. During the State of Emergency caused by COVID-19, one client commented that they were impressed that BBHW was able to add telehealth services in a very short amount of time to support the community.*

### **STAKEHOLDER SURVEY:**

**Description:** Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

*Stakeholder results were sent out and collected over the past three years. BBHW had a total of 18 responses. Many comments made mention of the improvements that have been made in the last year and a half.*

### **AREAS OF STRENGTHS:**

**Description:** The following areas were identified as areas the agency demonstrated substantial competency to administrative rules.

1. According to 67:62:08:05, a mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 year of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment shall include all the required components.

*The integrated assessments were consistently completed within 30 days of intake and contained all the required components.*

2. According to 67:62:08:09, staff meeting clinical supervisory criteria as defined in subdivision 67:62:01:01 (8) shall conduct one treatment plan review at least annually.

*All supervisory reviews were completed annually with the required information including justification for continued services.*

3. According to 67:62:08:10, crisis intervention planning shall be provided to any client who has safety issues or risks or has frequent crisis situations or recurrent hospitalizations.

*All crisis intervention plans were created with all clients that require one.*

### **AREAS OF RECOMENDATION:**

**Description:** The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time however they are areas that if continued to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to 67:61:06:03 & 67:62:07:03 Policy on abuse, neglect, and exploitation. Each center shall have a policy which prohibits abuse, neglect, and exploitation of a client. The policy shall contain six separate requirements including: (6) Upon substantiation of the incident, a requirement to document the actions to be implemented to reduce the

likelihood of, or prevention of, repeated incidents of abuse, neglect, or exploitation

*Reference to the mentioned component of the requirement was not included in the policy.*

2. According to ARSD 67:61:05:12 & 67:62:06:10 a SUD and CMHC agency shall routinely check the Medicaid Exclusion list to ensure that each new hire as well as any current employee is not on the excluded list. Documentation in the staff's personnel records must contain evidence the Office of Inspector General Medicaid Exclusion list was checked.

*Documentation was reviewed and confirmed that BBHW does check the Medicaid Exclusion list upon hire. However, there was no evidence that the exclusion list was being checked routinely.*

#### **AREAS REQUIRED FOR PLANS OF CORRECTION:**

**Description:** The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:61:06:02 & 67:62:07:02, a client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota. The clients' rights and responsibilities statement shall be posted in a place accessible to clients. Copies shall be available in locations where clients can access them without making a request to agency staff. An agency shall provide services to each client in a manner that is responsive to the client's need in the areas of age, gender, social support, cultural orientation, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs.

*BBHW policy and procedure manual contains a policy that addresses five of the six rights outlined in 67:61:06:02 and 67:62:07:02. The policy did not include information explaining the clients right to have access to an advocate or an employee of the state's designated protection and advocacy system in the 2018 and 2020 review.*

2. According to 67:61:05:01, each new staff member shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test.

*The two new hire files did not include two-step method tuberculin skin test completed within 14 days of hire or documentation of a prior TB test completed within the last 12-month period before date of employment.*

3. According to 67:61:07:10 & 67:62:08:14 transfer or discharge summary shall be completed within five working days regardless the reason for discharge. When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

*Three out of four Children Youth and Family (CYF) charts and four out of five SUD charts did not document attempts to re-engage the client.*

4. According to ARSD 67:61:07:06 & 67:62:08:07, individualized treatment plan shall be completed within 30 days of intake/integrated assessment. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and shall include a staff member responsible for facilitating the methods or treatment procedures.

*All services that were reviewed did not provide evidence of client's meaningful involvement in formulating the treatment plan.*

5. According to 67:61:07:12 A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client within 24 hours of admission.

*Three out of 14 did not have the TB screening completed.*

6. According to 67:61:07:05 An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs.

*Two components, the Living Environment/Housing and Indications of Trauma/Domestic Violence, were consistently missing in the integrated assessment. Eight out of 15 client files did not include these two components. Other components were also sporadically missing.*

7. According to ARSD 67:61:07:08 all SUD programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems.

*Four out of 13 SUD client charts did not have a weekly progress note.*

8. According to 67:61:07:07, the SUD program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record.

*Continues service criteria was not documented every thirty days for eight out of 11 clients who received level 1.0 care.*

### **PRIOR AREAS REQUIRING A PLAN OF CORRECTION:**

**Description:** BBHW was last reviewed by the Department of Social Services, Office of Accreditation and Licensure on October 2018. The 2018 review identified three areas of recommendations and thirteen areas requiring a plan of correction. BBHW resolved two out of the three areas of prior recommendations and five out of thirteen prior areas requiring a plan of correction. Please note the plans of correction that remain there have been some improvement in them but still have 1 or two requirements that is missing.

### **ACCREDITATION RESULTS:**

**Administrative Review Score:** 93.9%

**Combined Client Chart Review Score:** 88.2%

**Cumulative Score:** 88.6%

	Three Year Accreditation (90%-100%)
X	Two Year Accreditation (70%-89%)
	Probation (69% and below)